FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | (See instructions) | | Office use only |
|---------------------------------|--|--|---|
| 1. NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 |
| Ose for Congr | ess | | |
| | | | |
| ADDRESS (number and | street) 9321 Silverbend La | ine | |
| (Check if addre | | | |
| | Elk Grove | | CA 95624 - 1 |
| | | CITY▲ | STATE▲ ZIP CODE ▲ |
| committee's e-mai | | | 1 |
| | | | |
| | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | |
| | | | |
| | | | |
| COMMITTEE'S FAX N 9166861813 | IUMBER | | |
| 2. DATE 0.3 | 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00444836 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A) | |
| I certify that I have exami | ned this Statement and to the best of my k | nowledge and belief it is true, correct a | nd complete |
| Type or Print Name of | Treasurer Vona L. Copp | | |
| Signature of Treasurer | Electronically Filed by Vona L. | Сорр | Date 03 / 03 / 2008 |
| NOTE: Submission of fall | | nay subject the person signing this Sta | tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 | |

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